Financial Disclosure by Executive Employees Filing Form Covering Calendar Year 2008

Filing Deadline: Thursday, April 30, 2009, 5 p.m.

MAINEETHICS COMMISSION

(Write "N/A" if a question is not applicable to you. Use additional sheets if needed to fully answer any question.)

Section 1: Name/Address/Phone			
Your name:			
WILLIAM A.	PEABODY		
Your Agency/Departme	ent/Bureau/Division:		
DEPARTMENT LABOR/BUREAU LABOR STANDARDS			
Your Title:			
BUREAU DIRECTOR			
Your State Agency Mailing Address:			
45 SHS, AUGUSTA, ME 04333			
Your State Agency Pho	one Number:		
207-623-79	25		
Section 2: Statement of sources of income (as required by 5 MRSA §19 sub-§2)			
2. Aside from employment in state government: If during 2008 you were <u>neither</u> separately employed by another person, firm, corporation, association or organization, <u>nor</u> self-employed, <u>nor</u> had any other sources of income over \$1000 from each source, check the following box and skip to question 3.			
	2-A. If, during 2008, you were an employee of another person, firm, corporation, association, or organization as opposed to being self-employed, fill out the following; if not, go to question 2-B:		
	The name of the employing entity:		
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	Its address;		
	The nature of the business (its principal type of economic activity; for a law firm, the firm's major areas of		
	practice):		

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	2-B. If you were self-employed during 2008: (Note: "Self-employed" is defined by 5 MRSA §19 sub-§1 ¶J as an "independent contractor" as defined in 39-A MRSA §102 sub-§13, which says in part: "Independent contractor means a person who performs services for another under contract, but who is not under the essential control or superintendence of the other person while performing those services." It does not cover interest income and similar non-contracted income, sources for which should be reported under question 2-C below.)
	The name of your business:
	Its address:
·	The nature of the business (your principal type of economic activity; for an attorney, your major areas of practice):
	Name each source of income through self-employment that brings either: more than \$1000; or more than 10% of your gross income whichever is greater, excluding gifts. (To clarify this: if no source contributes more than \$1000, you don't have to report. If you enjoy many large sources over \$1000, you have to report only those that contribute more than 10% to your gross. For a definition of income, see 5 MRSA §19 sub-§1 ¶H, attached; of gifts, 5 MRSA §19 sub-§1 ¶E. If this form of disclosure is prohibited by statute, rule, or an established code of ethics for your profession, specify instead the principal type of economic activity from which sources of income under this paragraph derive.)
	2-C. If you had other sources of income over \$1000 each, excluding gifts, list them here. (For a definition of income, see 5 MRSA §19 sub-§1 ¶H, attached; of gifts, 5 MRSA §19 sub-§1 ¶E.)

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11111	Section 3. Gifts
List the specific source of each gift received:	
(For a definition of gifts, see 5 MRSA §19 sub-§1 ¶E	attached.)
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N/A	
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	tion 4. Family Member Income
If the income was received by your spouse or domes member is derived from employment or compensation	y any member of your immediate family which resulted in \$1,000 or more in 2008. stic partner, list his or her name. If the income received by an immediate family on, also include the job title.
JOANNE PEABODY OCCUPATIONAL THERAPIST	
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	Section 5. Honoraria
List here the sources of any honoraria (not travel or e (For a definition of honorarium, see 5 MRSA §19 sub amounts over \$1000.)	expenses) accepted for appearances or speeches related to your official duties. b-§1 ¶F, attached. Note that this involves honoraria in any amount, not just
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N/A	
	ted work on behalf of executive branch agencies
Section 6. Compensat	ted work on behalf of executive branch agencies ve agency before which you or an immediate family member has represented or nount:
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	Section 8. Reportable liabilities	
relative. This does not include credit card lia	reportable liabilities (unsecured loans) of \$3000 or more received from a person not a bilities, most educational loans, campaign contributions otherwise recorded by law, or so. (For a definition of reportable liabilities, see 5 MRSA §19 sub-§1 ¶l-1, attached; of	
N/A		
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	Oath or Affirmation (Notarization)	
"Do you solemnly swear (affirm) that the contents of this report are known to you and that the matters and things therein set forth are true (so help you God)?"		
Signature of Exec	autive Employee: March Colon	
Date: 6 \$	122/09	
Subscribed and sworn (affirmed) to before m	e this	
Signa	ture of Maine Notary Public. Ishe Manning	
· -	Notary Public, State of Maine	
	23 September 200 My commission expires (date)	
Seal (optional)		

Section 7. Sales to executive branch agencies

List here each executive branch agency to which you or your immediate family members sold goods or services with a value in

excess of \$1000:

N/A

Return to:

Cyndi Phillips, Commission Assistant Commission on Governmental Ethics and Election Practices 135 State House Station, Augusta, ME 04333-0135